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23369

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05/30/2007

HOWREY LLP

C/O IP DOCKETING DEPARTMENT

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FALLS CHURCH, VA 22042-7195

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Michelle C. Replogle

(Depositor's name)

Michelle C. Replogle

(Signature)

8/14/07

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/512,110	12/21/2004	David John Thomson	11134.0010.PCUS00	8486

TITLE OF INVENTION: BEARING PRESS SUPPORT ADAPTOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	08/30/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
OMGBA, ESSAMA	3726	029-724000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent): ☒ Individual ☐ Corporation or other private group entity ☐ Government

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☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Michelle C. Replogle

Date

8/14/07

Typed or printed name

Michelle C. Replogle

Registration No.

54,394

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FACSIMILE COVER SHEET

DATE: August 14, 2007

TO: **NAME:** Mail Stop ISSUE FEE
COMPANY: USPTO
FAX NUMBER: 571.273.2885 **PHONE NUMBER:** _____
CITY: Alexandria, VA

FROM: **NAME:** Michelle Replogle
DIRECT DIAL NUMBER: 713.787.1535 **USER ID:** 2346

NUMBER OF PAGES, INCLUDING COVER: 3 **CHARGE NUMBER:** 11134.0010.PCUS00

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SUPPLEMENTAL MESSAGE:

Serial No.: 10/512,110
Filed: 12/21/2004
Title: "Bearing Press Support Adaptor"
Re: Fee(s) Transmittal (2 copies)
Michelle C. Replogle
Tel.: 713.787.1535
Reg. No. 54,394

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